

## TRAVEL EXPENSE CLAIM

STD. 262 (REV. 12/93)]

See Instructions and \*Privacy

Statement on Reverse Side

Page 1 of Pages

CLAIMANT'S NAME

PK AGARWAL

SSAN OR EMPLOYEE NUMBER\*

DEPARTMENT

Office of Technology Services

POSITION

Director

CB/ID NO.

DIVISION OR BUREAU

Executive

INDEX NUMBER

RESIDENCE ADDRESS\*

On File

HEADQUARTERS ADDRESS

Cannery

TELEPHONE NUMBER

(916) 454-7246

CITY

STATE

CA

ZIP CODE

CITY

STATE

CA

ZIP CODE

(1) MONTH / YEAR		(3) LOCATION Where Expenses Were Incurred	(4) LODGING	(5) MEALS			(6) INCIDENTALS	(7) TRANSPORTATION				(8) BUSINESS EXPENSE	(9) TOTAL EXPENSES FOR DAY	
DATE	TIME			Breakfast	Lunch	O.T., LT, N/C, Relo. or Dinner		(A) Cost of Trans.	(B) Type Used	(C) Carfare, Tolls, Parking	(D) Private Car Use			
June-09											Miles	Amount		
3-Jun		CIO								18.00		0.00		\$18.00
4-Jun		CIO								10.50		0.00		\$10.50
9-Jun		CIO								18.00		0.00		\$18.00
10-Jun		CIO								18.00		0.00		\$18.00
16-Jun		CIO								2.50		0.00		\$2.50
17-Jun		CIO								6.00		0.00		\$6.00
24-Jun		CIO								2.50		0.00		\$2.50
25-Jun		CIO								7.50		0.00		\$7.50
26-Jun		CIO								12.25		0.00		\$12.25
29-Jun		CIO								2.00		0.00		\$2.00
30-Jun		CIO								2.50		0.00		\$2.50
(10) SUBTOTALS			0.00	0.00	0.00	0.00	0.00	0.00		99.75	0	0.00	0.00	\$99.75
COLUMN CODE (ACCTG. USE ONLY)														
CLAIM TOTAL													\$	99.75

(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)

Parking fees for the month of June

(12) NORMAL WORK HOURS

8:00-5:00

(13) PRIVATE VEHICLE LICENSE #

State Vehicle

(14) MILEAGE RATE CLAIMED

0.550

AGENCY ACCOUNTING OFFICE

USE ONLY

PAID BY REVOLVING FUND CHECK #

(15) I HEREBY CERTIFY that the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operation the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S S

(16)

PAYEE

&gt;&gt;

&gt;&gt;

(17) SPECIAL EXPENSE AUTHORIZATION (See Item 17 on reverse)

&gt;&gt;

JUNE 3, 2009 4:43 PM

PUBLIC MARKET GARAGE  
900 13TH ST  
SACRAMENTO, CA 95814  
916/442-0496

COMP ID: AMBM

TERM ID: AMBM11111

CARD TYPE: VISA

\*\*\*\*\*

ACCOUNT #: \*\*\*\*\*8354

TOTAL AMOUNT \$ 18.00

APPROVAL CODE: 003124 STAN: 000001

CUSTOMER COPY

AMPCO SYSTEM PARKING  
900 13TH STREET  
SACRAMENTO CA

RCPT#425353

06/04/09 10:37 LH 1 AH 34 Txn# 61671

06/04/09 09:20 In 06/04/09 10:37 Out

Tkt# 002247

regular pkrs \$ 10.50

Total Fee \$ 10.50

VISA \$ 10.50

Change Due \$ 0.00

THANK YOU

AMPCO SYSTEM PARKING  
900 13TH STREET  
SACRAMENTO CA

RCPT#425506

06/09/09 13:24 LH 1 AH 34 Txn# 6514

06/09/09 08:36 In 06/09/09 13:24 Out

Tkt# 593549

regular pkrs \$ 18.00

Total Fee \$ 18.00

CASH PAID \$ 18.00

Cash Tender \$ 20.00

Change Due \$ 2.00

THANK YOU

AMPCO SYSTEM PARKING  
900 13TH STREET  
SACRAMENTO CA

RCPT#267664

06/10/09 17:10 LH 1 AH 22 Txn#702480

06/10/09 11:50 In 06/10/09 17:10 Out

Tkt# 003984

regular pkrs \$ 18.00

Total Fee \$ 18.00

CASH PAID \$ 18.00

Cash Tender \$ 20.00

Change Due \$ 2.00

THANK YOU

PARKEON PAID

06/16/09 \$ 2.50

167 05:08 PM Place on inside of

PARKEON PAID

street side window

EXPIRATION DATE TIME

USE STICKER ON BACK TO ATTACH TO WINDSHIELD

EXPIRATION DATE TIME

USE STICKER ON BACK TO ATTACH TO WINDSHIELD

June 2009 (!)

AMPCO SYSTEM PARKING  
900 13TH STREET  
SACRAMENTO CA

Rcpt#268260

06/26/09 16:14 L# 1 AM 22 Txn#70530

06/26/09 14:00 In 06/26/09 16:14 Out

Tkt# 587565

regular pkrs \$ 10.50

Total Fee \$ 10.50

CASH PAID \$ 10.50-

Cash Tender \$ 20.50

Change Due \$ 10.00

THANK YOU

EXPIRATION  
DATE TIME

USE STICKER ON  
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TO WINDSHIELD

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USE STICKER ON  
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TO WINDSHIELD

EXPIRATION  
DATE

181 05:44 PM Place on ins

06/26/09 \$ 2.50

PAID

PARKEON

street side

June 2009